| Docket No. |  |  |  |  |
|------------|--|--|--|--|
| P-582      |  |  |  |  |

## **Declaration and Power of Attorney For Patent Application**

## **English Language Declaration**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | which a patent is sought on the invention entitled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                  |                      |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|----------------------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | METHOD FOR ISOLATING SINGLE-STRANDED DNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the specification of which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                  |                      |  |  |
| The state of the s | (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☑ is attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ was filed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | as United States Application No. | or PCT International |  |  |
| and<br>The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                  |                      |  |  |
| 2000<br>2000<br>2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and was amended on _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.                                                                                                                                                                                                                                                                                                                                                                                        |           |                                  |                      |  |  |
| The state of the s | I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.                                                                                                                                                                                                                                                                                                                                                 |           |                                  |                      |  |  |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed. |           |                                  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prior Foreign Application(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                  | Priority Not Claimed |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                  |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Country) | (Day/Month/Year Filed)           |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Country) | (Day/Month/Year Filed)           | L.                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Country) | (Day/Month/Year Filed)           |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                  |                      |  |  |

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

| 60/221,340               | 7/26/00       |  |
|--------------------------|---------------|--|
| (Application Serial No.) | (Filing Date) |  |
| 60/200,284               | 4/28/00       |  |
| (Application Serial No.) | (Filing Date) |  |
|                          |               |  |
| (Application Serial No.) | (Filing Date) |  |

I hereby claim the benefit under 35 U. S. C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

| (Application Serial No.) | (Filing Date) | (Status)<br>(patented, pending, abandoned) |
|--------------------------|---------------|--------------------------------------------|
| (Application Serial No.) | (Filing Date) | (Status) (patented, pending, abandoned)    |
| (Application Serial No.) | (Filing Date) | (Status) (patented, pending, abandoned)    |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

WILLIAM B. WALKER JOHN F. BRADY CHRISTOPHER M. HOLMAN **REGISTRATION NUMBER: 22,498 REGISTRATION NUMBER: 39,118 REGISTRATION NUMBER: 40,021** 

Send Correspondence to: CHRISTOPHER M. HOLMAN

TRANSGENOMIC, INC. 2032 CONCOURSE DRIVE SAN JOSE, CA 95131

Direct Telephone Calls to: (name and telephone number)

408-514-3119 CHRISTOPHER M. HOLMAN

Full name of sole or first inventor HORNBY, David P. Date Sole or first inventor's signature Residence 10 Gainford Close, Widnes, Cheshire, U.K. WA8 4UN Citizenship U.K. Post Office Address SAME AS ABOVE

Full name of second inventor, if any DICKMAN, Mark Second inventor's signature 321 Fulwood Road, Broomhill, Sheffield, U.K. S10 3BJ Citizenship U.K. Post Office Address SAME AS ABOVE